

American Podiatric Medical Association, Inc.

Code of Ethics

PREAMBLE

All podiatrists have the responsibility of aspiring to the highest possible standards of conduct and ethical behavior, assuring that the best care is provided for the individuals and groups whom they serve. As members of the American Podiatric Medical Association (APMA), podiatrists accept and take seriously the common values and principles established within this code of ethics. This code applies to all aspects of professional life of podiatrists as they go about the implementation of their work within a variety of contexts as health care providers, administrators, educators, researchers, consultants, and employers.

The following statements and precepts are considered to be dynamic and may be interpreted and applied to an ever changing society.

Podiatrists who are members of the American Podiatric Medical Association (APMA) are bound to abide by the APMA Code of Ethics. APMA expects its members to adhere to the provisions in this document, but the document is not meant to be used in legal proceedings to establish a “Standard of Care.”

MEDICAL ETHICS (ME)

ME1.0 Professional Judgment

The podiatrist has an obligation to facilitate patient care, placing the welfare and rights of the patient above all other considerations. The competence of a podiatrist extends beyond technical skills alone. Recognizing the extent of one’s ability to perform and knowing when it is appropriate to seek consultation or make referrals is imperative.

ME1.1 National Standards (Representing a Model to be Used by Individual States)

- ME1.11 The podiatrist strives to maintain the highest standards of practice in accordance with the responsibilities conferred by the state, profession, and society. *(See interpretive guideline.)*
- ME1.12 The podiatrist recognizes their competencies and strives to practice in an environment that is consistent with those competencies.

- ME1.13 The podiatrist freely utilizes the expertise of other podiatric physicians and professionals of other disciplines to enhance the welfare of the patient.
- ME1.14 The podiatrist maintains continuing competence by participating in professional study and life long learning activities designed to ensure that their skills and knowledge are consistent with ongoing developments in the art and science of podiatric medicine and surgery.
- ME1.15 The podiatrist has the responsibility to accurately and honestly report compliance with any Continuing Medical Education (CME) requirements for licensure, certification, and credentialing.

ME1.2 Practice Guidelines

- ME1.21 The podiatrist strives to provide care consistent with established practice guidelines adopted by recognized podiatric medical organizations that utilize the opinions of authoritative experts. *(See interpretive guideline.)*

ME1.3 Patient Management

- ME1.31 Within the responsibility of a podiatrist is the need to evaluate the patient, initiate care decisions, and decide on the best treatment plan. The plan should encompass the entirety of the patient and utilize appropriate consultation or referral. *(See interpretive guideline.)*
- ME1.32 The podiatrist is responsible for ensuring appropriate follow-up care for their patient when they are not directly available to render such care. *(See interpretive guideline.)*
- ME1.33 The podiatrist should refrain from providing care for any individual with whom he/she has a relationship of a nature that may cause them to provide care with reduced objectivity, interfering with the exercise of sound medical judgment.

ME2.0 Informed Consent

The doctrine of informed consent is premised upon the right of the patient to exercise control over their body by deciding whether or not to undergo a proposed treatment regimen. The duty of the podiatrist is always to disclose relevant information to the patient and obtain the consent of a competent patient or someone legally authorized to give consent on behalf of the patient before initiating treatment. *(See interpretive guideline.)*

ME2.1 What a Patient Needs to Know About the Proposed Treatment

- ME2.11 The podiatrist strives to ensure that the patient is cognizant of the nature of the illness or condition, the treatment proposal or its alternatives with reasonable explanations of expected outcomes, potential complications, and length of recovery.

ME2.2 Disclosure of Experience and Outcomes

- ME2.21 The podiatrist provides truthful representations of their experience and outcomes.

ME2.3 Economic Interests

- ME2.31 The podiatrist strives to ensure that any economic benefit involving services, materials, medications, or facilities shall not interfere with their primary responsibility for the welfare of the patient and shall comply with applicable legal requirements.

ME3.0 Confidentiality

The podiatrist and their staff must maintain strict confidentiality (subject to federal and state laws) as to the condition and treatment of all patients. Release of any information must be premised on the consent of the individual patient, unless otherwise mandated by law. (*See interpretive guideline.*)

ME3.1 Medical Records

- ME3.11 The podiatrist acts in a manner that protects the confidentiality of the patient and the records of the patient.
- ME3.12 The podiatrist ensures that the staff over which they have responsibility or supervises, have an essential knowledge of the duty to maintain the confidentiality of the patient records.
- ME3.13 The podiatrist will take all reasonable means necessary so that confidentiality of patient medical records and conversations are strictly maintained in the use of any on-line, website, or social networking communication medium.

ME3.2 Diagnosis

- ME3.21 The podiatrist respects the confidentiality of the patient's diagnosis and does not release the diagnosis without the consent of the patient unless mandated by law.

ME3.3 Treatment

- ME3.31 The podiatrist respects the confidentiality of the patient treatment information and does not release the treatment information without the consent of the patient unless mandated by law.

ME4.0 Patient Respect/Advocacy

Respect for the patient and advocating for the welfare of the patient should be the supreme concern of the podiatrist. A podiatrist should acknowledge cultural, individual, and ethnic differences of patients and the podiatrist has an obligation to set aside personal biases that could result in potentially discriminatory practices.

ME4.1 Do No Harm

- ME4.11 The podiatrist will evaluate the patient and use appropriate treatments in the care of the patient, taking into consideration any physical, financial, cultural, or emotional limitations that may result in harm during the treatment process. (*See interpretive guideline.*)

ME4.2 Nondiscrimination

- ME4.21 The podiatrist shall not discriminate against any patient because of race, religion, ethnicity, gender, sexual orientation, disability, socioeconomic status, or health status.

ME4.3 Harassment

- ME4.31 The podiatrist shall not engage in any deliberate act of emotional abuse, physical abuse, sexual abuse, sexual misconduct, or sexual exploitation related to the podiatrist's position as a health care provider, administrator, educator, researcher, consultant, or employer. (*See interpretive guideline.*)

ME4.4 Patient Abandonment

- ME4.41 The podiatrist shall not cease to provide care or to be available to provide care without giving the patient sufficient notice and/or the opportunity to seek continuing treatment from another health care practitioner.

ME5.0 Professionalism

The podiatrist should, at all times, act in a professional manner before patients, colleagues, and the general public. This conduct should extend not just to the podiatrist's professional life but should encompass his/her public and private lives as well.

ME5.1 Compassion, Respect, Honesty, and Integrity

- ME5.11 The podiatrist has the responsibility to carry out all aspects of their career with compassion, respect, honesty, and integrity.

ME5.2 Accountability in Providing Expert Testimony

- ME5.21 The podiatrist providing expert testimony is expected to have relevant experience, training, and knowledge in the area in which the podiatrist has agreed to testify. Testimony must be objective and be limited to the area of expertise held by the podiatrist. Expert testimony should be based upon recognized medical and scientific principles, theories, facts, and standard of care.
- ME5.22 The podiatrist serving as an expert witness shall offer testimony that is honest and truthful. A breach of these ethics would exist if a podiatrist knowingly provides false or misleading testimony.
- ME5.23 The podiatrist may accept compensation for testimony offered but such compensation should not in any way be related to or based upon the outcome of the litigation.

ME6.0 Physician Health Responsibilities

The podiatrist has the obligation to act upon the recognition of impairment(s) and/or health risks in themselves and in other health care providers and to ensure that the treatment and safety of patients is not compromised because of such impairments and/or health risks.

ME6.1 Physical, Mental, Chemical, or Emotional Impairment

- ME6.11 The podiatrist who is physically, mentally, chemically, or emotionally impaired should withdraw from those aspects of practice that could be detrimentally affected by the impairment. If the podiatrist does not withdraw, other podiatrists who know of the impairment have the duty to take action to prevent the impaired podiatrist from harming themselves or others. (*See interpretive guideline.*)

ME6.2 Practice and Blood Borne Pathogens

- ME6.12 The podiatrist should exercise in his/her practice all appropriate preventive strategies to preclude the spread of blood borne pathogens.

ME7.0 Research Ethics

Research conducted by podiatrists must be scientifically based with data, results, and outcomes reported in an accurate and truthful manner. Support for research may be obtained from any source but should not influence or bias the outcomes.

ME7.1 Integrity and Concern for Participants

- ME7.11 The podiatrist shall maintain the integrity of the study to ensure that decisions by participants and subjects are made in an unbiased and fully informed manner.
- ME7.12 The podiatrist shall not subject any patient to an experimental diagnostic modality or treatment method without prior review of the experiment protocol by their peers and with full disclosure to the patient. (*See interpretive guideline.*)
- ME7.13 The podiatrist conducts research competently with due concern for the dignity and welfare of the participants.

ME7.2 Reporting

- ME7.21 The podiatrist shall report truthfully in scientific and scholarly papers, lectures, accounts, and communications. (*See interpretive guideline.*)
- ME7.22 The podiatrist shall avoid all forms of plagiarism, or otherwise taking credit for the work or ideas of others, by properly acknowledging the source.

BUSINESS ETHICS (BE)

BE1.0 Advertising

The podiatrist has the responsibility to properly represent themselves in advertisements and other forms of communications to the public, including, but not limited to, statements about training, ability, board certification, and scope of practice.

BE1.1 Communications with the Public

- BE1.11 The podiatrist shall ensure that communications to the public are accurate and do not convey false, untrue, deceptive, or misleading information. The podiatrist shall provide truthful and accurate representations of his/her credentials, training, experience, or ability. The podiatrist shall not communicate claims of superiority that cannot be substantiated.
- BE1.12 The podiatrist, in connection with their name, must use the title(s), degree(s), or designation(s) authorized by state law. The title "doctor" or any abbreviation cannot be used without the qualification "podiatrist," "podiatric physician," or "Doctor of Podiatric Medicine," or other appropriate designation. The podiatrist who is certified by a specialty board may use the appropriate term in connection with their specialty.

BE1.2 Direct Solicitation of Referrals

- BE1.21 The podiatrist shall not solicit patients in a manner that impairs their objectivity regarding the selection of diagnostic or therapeutic methods. The podiatrist shall provide realistic expectations as to outcomes, or utilization of diagnostic or therapeutic methods that may be employed in the care of the patient.
- BE1.22 The podiatrist shall not offer gifts as an inducement to secure patient patronage. *(See interpretive guideline.)*

BE1.3 Free Foot Screenings

- BE1.31 The podiatrist, as an inducement to provide additional services for a fee, may advertise and offer free examinations or free podiatric medical services. The podiatrist shall not, however, charge a fee to any patient or any third party payer for any podiatric medical service provided at the time that such free examination or free podiatric medical services are provided. *(See interpretive guideline.)*

BE2.0 Business Transactions

The podiatrist has the responsibility to maintain high moral, ethical, and legal standards in business transactions. Claims, bills, statements, and records must accurately reflect the services provided. *(See interpretive guideline.)*

BE2.1 Fee Splitting

- BE2.11 The podiatrist neither accepts nor offers commissions in any form or manner on fees for professional services, referrals, consultations, pathology services, radiology services, prescriptions, or other services or article supplied to patients. Division of professional fees or acceptance of rebates from fees paid by patients to radiological, pathological, laboratory, shoe stores, or other establishments is inappropriate. *(See interpretive guideline.)*

BE2.2 Medically Unnecessary Procedures

- BE2.21 The podiatrist shall perform services of a diagnostic or therapeutic nature that can reasonably be expected to benefit the patient. *(See interpretive guideline.)*

BE2.3 Economic Interest

- BE2.31 The podiatrist shall not promote the sale of drugs, devices, appliances or goods to a patient, which are offered in such manner as to exploit the patient for the financial gain of the podiatric physician.
- BE2.32 The podiatrist shall not use their position to exert undo influence on patient treatment choices that are, or may be, physically, psychologically, or economically detrimental to the patient.
- BE2.33 The podiatrist shall not base treatment decisions on managed care incentives/disincentives when such decisions are, or may be, detrimental or when they are not in the best interest of the patient.

BE2.4 Conflict of Interest

- BE2.41 The podiatrist shall provide truthful disclosure of actual and potential conflicts of interest in the recommendation and/or prescription of services, materials, medications, and facilities that may be utilized in the care of a patient.

BE2.42 The podiatrist shall provide truthful disclosure of actual or potential conflicts of interest in communication with patients, potential patients, colleagues, and others. Such communication includes, but is not limited to, lectures, published material in peer review and other publications, and advertisements.

BE2.43 The podiatrist shall provide full public disclosure of financial relationships that constitute a conflict of interest, including any in which remuneration is expected to be awarded on an annual basis or any equity holding in a related company (excluding mutual funds and blind trusts).

BE3.0 Inter-professional Referrals

The podiatrist has the obligation of seeking consultation when the health and welfare of a patient would be advanced by referral to a health care provider with special skills, knowledge, or experience.

BE3.1 Referrals to Other Podiatrists

BE3.11 The podiatrist shall refrain from inducing a patient of a fellow practitioner to become their patient either by belittling the ability of the fellow practitioner or by the promise of better service at a lower fee.

BE3.12 The podiatrist providing a second opinion is obligated to return the patient to the referring practitioner, unless that patient exercises free choice in selecting the use of the second opinion practitioner to provide further care, or unless otherwise prohibited.

BE4.0 Employees/Associates

The podiatrist reasonably delegates aspects of medical care to auxiliary health care personnel. The podiatrist shall ensure that such personnel are qualified and adequately supervised.

BE4.1 Duty of Supervision

BE4.11 The podiatrist has a duty to supervise their employees and confirm that they are performing in an ethical and appropriate manner. (*See interpretive guideline.*)

BE4.2 Delegation of Authority

- BE4.21 The podiatrist delegating authority to an employee, associate, or to another physician for the care of their patient, shall ensure that the activity complies with professional standards and applicable laws.

BE4.3 Duty to Comply with Professional Standards

- BE4.31 The podiatrist strives to practice podiatric medicine consistent with the standards of care established within their community.

BE5.0 Respect for Law

The podiatrist is obliged to comply with the letter of all applicable laws and regulations. *(See interpretive guideline.)*

BE5.1 Duty to Report Violation

- BE5.11 The podiatrist is obliged to report known violations of conduct by providers to the appropriate authority.

BE5.2 Medical Records

- BE5.21 The podiatrist is obliged to maintain documentation of patient encounters that is legible, complete, accurate, and patient specific. *(See interpretive guideline.)*

BE6.0 Staff Respect/Advocacy

The podiatrist has a duty to avoid interaction that would impair the physical and psychological health of those with whom they interact on a professional basis.

BE6.1 Harassment

- BE6.11 The podiatrist shall not engage in any deliberate act of emotional abuse, physical abuse, sexual misconduct, or sexual exploitation related to the podiatrist's position as an employer, employee, partner, or associate. *(See interpretive guideline.)*

BE6.2 Nondiscrimination

- BE6.21 The podiatrist shall not discriminate against any employee, partner, or associate because of race, religion, ethnicity, gender, sexual orientation, disability, socioeconomic status, or health status.

BE7.0 Managed Care/Insurance Issues

In the light of reimbursement issues, the podiatrist shall focus on patient care and patient advocacy.

BE7.1 Patient Advocacy

- BE7.11 The podiatrist has the obligation to advocate for the health of their patients in negotiating with managed care organizations and other third party payers.

BE7.2 Financial Incentives/Disincentives

- BE7.21 The podiatrist shall not use insurance coverage/reimbursement levels as the substantive determination of the treatment plan.
- BE7.22 The podiatrist shall not accept financial incentives to withhold care or referrals that are appropriate for the care of the patient.

ASSOCIATION ETHICS(AE)

AE1.0 Conflict of Interest

The podiatrist rendering volunteer or compensated services to the American Podiatric Medical Association or its component association(s) provides truthful disclosure of actual and potential conflicts of interest and recuses themselves from discussion and action on all issues relevant to the actual or potential conflict. Failure to recuse oneself is considered a violation of the Code of Ethics. (*See interpretive guideline.*)

AE2.0 Confidentiality

The podiatrist rendering volunteer or compensated services to an organization(s) shall adhere to the rules of confidentiality of the organization(s).

AE3.0 Commercial Relationships

The podiatrist rendering volunteer or compensated services to the American Podiatric Medical Association or its component association(s) is obliged to disclose all significant commercial relationships with other organizations, businesses, or entities that have a relationship with podiatric medicine.

AE4.0 Association Conduct

An officer or elected representative of the American Podiatric Medical Association or its component society is obliged to abide by the Constitution and Bylaws of their respective organization(s), when not in conflict with this document.

INTERPRETIVE GUIDELINES

The following interpretive guidelines are provided to further elaborate upon the Code of Ethics.

- ME1.11 A function of state licensing agencies is to establish standards of competency for members of the profession within their respective jurisdictions.
- ME1.21 Practice guidelines suggest and recommend modalities for patient care as correlated to various diagnoses that may be encountered. They should not be construed to constitute unalterable treatment strategies. Recognized podiatric medical organizations may include, but are not limited to, specialty colleges and boards and other such agencies that formulate practice guidelines based upon well-grounded scientific and educational precepts. The guidelines recommended by such organizations are often useful but have no legally binding effect on members of the Association.
- ME1.31 Treatment decisions, including surgery, should relate to the consideration of the physical, emotional, social, and occupational needs of the patient. All treatment regimens should include appropriate documentation of the indications for treatment. The performance of any unnecessary treatment is considered a serious ethical violation.

Consultation and referrals should be sought when:

- 1.) the patient can benefit from the care of a provider with different training and/or experience, or
- 2.) when the patient requests a consultation or referral.

No compensation shall be claimed for the referral of patients for care and/or evaluation.

- ME1.32 Follow-up care should be provided by a qualified podiatrist or other appropriate health care professional until the patient has fully recovered. If the podiatrist is unable to personally provide the follow-up care, then the podiatrist shall make arrangements with another qualified podiatrist or qualified health care professional to provide continuing care, and properly notify the patient of discontinuation of care and arrangements for follow-up care in accordance with prevailing law.

ME2.0 The doctrine of informed consent is usually defined as a duty to warn a patient of

- 1.) possible complications expected;
- 2.) sequella of the treatment;
- 3.) unexpected risks of the proposed treatment;
- 4.) reasonable alternative to the treatment;
- 5.) risks and comparative benefits of the alternatives;
- 6.) in most cases, the effects of non-treatment; and,
- 7.) economic interests that have the potential to influence judgment.

ME3.0 A patient has the right to have all identifiable medical and health information treated in strict confidence. This right includes the right to control the dissemination of such information. A patient must be secure in the expectation that medical information disclosed to the podiatrist will remain confidential. Failure to respect the right of privacy may cause patients to withhold important information vital to their care. Unauthorized release of confidential material may result in embarrassment, stigma, discrimination, and possible legal liability.

Common types of disclosure pose a threat to medical data privacy:

- 1.) The purposeful or repeated disclosure of confidential patient information on computer screens or by the inappropriate utilization of on-line communication capability.
- 2.) The routine release of information; Health information is often shared without the specific knowledge of the patient based on blanket consent. The patient may not know that the information is sensitive when they sign the consent. Consent should be obtained knowingly.

ME4.11 Podiatrists have a duty to do all in their power to avoid actions that would cause harm. Physical harm may be the result of poor professional judgment in the diagnosis and treatment of the patient's medical condition, including treatment beyond the scope of competency, and/or

experimental procedures without the full consent of the patient. Financial harm may be the result of inappropriate and misleading advertising, unnecessary procedures, and/or inappropriate and/or fraudulent billing procedures. Emotional harm may result from harassment and/or the undertaking of a personal relationship with a patient.

ME4.31 Sexual harassment, whether verbal, physical, or arising out of the patient-care, education, or work environment, is illegal, as it violates Title VII of the Civil Rights Act of 1964 and many state laws. Sexual harassment is unwelcome sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature that occurs within the podiatrist's role as a health care provider, administrator, educator, researcher, consultant, employee, or employer. Other harassment includes demeaning behavior directed towards others in the patient-care, education, or work environment.

Podiatrists at no time should abuse the authority figure they present as a means of fostering sexual relations with a patient, student, resident, fellow, or employee. A podiatrist may not employ sexual favors in bartering for professional services.

Sexual intimacy with patients, students, residents, fellows, or employees is inappropriate unless the personal relationship precedes the professional relationship.

ME6.11 Physical disability includes but is not limited to, deterioration through the aging process, or loss of motor skill that results in the inability to practice the profession with reasonable judgment, skill or safety.

Mental disability is any psychological condition or habitual or excessive use of alcohol, narcotics, stimulants, or other chemical agents or drugs that results in the inability to practice podiatric medicine with reasonable judgment, skill, or safety.

Addressing the problem of impairment includes several steps:

- 1.) The podiatrist recognizes the problem.
- 2.) The podiatrist seeks help within the profession.
- 3.) The podiatrist seeks active treatment of the impairment.

- 4.) The podiatrist seeks evaluation of their capacity to provide patient care.

- ME7.12 The podiatrist shall subject all research projects involving human or animal subjects to the scrutiny of an independent body whose function is to review such projects for appropriateness and for protection of the human or animal subjects.
- ME7.21 The podiatrist shall not intentionally mislead professional or lay audiences through scientific and scholarly papers, lectures, accounts, and communications, whether or not personal gain may accrue from such action.
- BE1.22 Promotional gifts of nominal value may be offered.
- BE1.31 In the event that an urgent condition presents at the time of a free examination, reasonable charges for the treatment may be allowed upon written consent from the patient for the services and related charges.
- BE2.0 Fraud includes but is not limited to knowingly presenting (through actual knowledge, deliberate ignorance or reckless disregard) or causing to be presented a false or fraudulent claim.

Fraudulent acts include but are not limited to:

- 1.) Willfully making or filing false records or reports within the scope of practice.
- 2.) Gross, willful, and continued overcharging for professional services including filing false statements for collection of fees for those services, including, but not limited to, filing false statement for collection of monies for services not rendered or not provided as claimed.
- 3.) Routine waiver of deductibles and co-payments that may lead to artificial inflation of the reported charges.
- 4.) Billing for supplies, equipment, or services not reasonable and necessary.
- 5.) Repeat billing (double billing) for the same service that was not provided on repeat visits.

- 6.) Billing for non-covered services as covered services.
- 7.) Using an improper modifier to increase or allow inappropriate reimbursement.
- 8.) Billing for component parts of a procedure rather than the inclusive global procedure (i.e., a-la-carte).
- 9.) Billing at a higher more intensive level to increase reimbursement.

In addition, the following conditions and issues must be considered:

- 1.) Services billed should reflect the care provided as deemed medically necessary by the podiatric physician.
- 2.) Reasonable efforts should be made to inform the patient of costs for services or treatments that they will be directly responsible to pay.
- 3.) The podiatrist must be able to provide documentation to support appropriateness of care.
- 4.) Remunerations (e.g., kickbacks, inducements and self-referrals) for referrals are inappropriate and illegal. Such remunerations include knowingly and willfully giving or receiving anything of value to induce referrals.

BE2.11 Fee splitting is defined as sharing of fees for the purpose of referrals where one entity provides no service for its portion of the fee. Such sharing of fees is considered unethical and potentially illegal.

BE2.21 Documentation must be complete and legible, encounter specific, and should state the reason for the encounter. If not specifically documented, the rationale should be readily inferred.

Documentation also should identify any health risk, patient progress, and revisions to the treatment plan. Evaluation and Management (E and M) guidelines should be followed.

The podiatrist should be aware of the following risk areas:

- 1.) Financial arrangements with entities that may involve referrals.

- 2.) Joint ventures with entities supplying goods or services to providers or patients.
- 3.) Consulting contracts or medical directorships.
- 4.) Office or equipment leases with entities that could involve referrals.
- 5.) Soliciting, accepting, or offering any gift or gratuity of more than nominal value to or from an entity or person who may benefit from any referral in a federal program.

BE4.11 The podiatrist shall provide appropriate supervision of the activities of employees in the course of their podiatry-related activities to ensure the safety of the patient, other employees, and visitors to the clinical facility in which podiatric services are rendered.

The podiatrist shall provide appropriate supervision of the activities of employees in the course of their podiatry-related activities to ensure the accuracy of documentation, claims, and other communications made by the employee.

The podiatrist shall provide appropriate supervision of employees and others contracted by the podiatrist, who in the course of their employment or by reason of their contract, have, or reasonably may have, contact with the patients, other employees, or visitors to the clinical facility in which podiatric services are rendered.

BE5.0 Failure to be informed of applicable laws and regulations may constitute deliberate ignorance or reckless disregard and, therefore, is an ethical violation.

BE5.21 The podiatrist has a duty to maintain complete and legible medical records to ensure future continuity of care by other professionals, to ensure accountability, to meet the requirements of the health care system, and to meet legal requirements.

BE6.11 Sexual intimacy with any employee, associate, or business partner is inappropriate unless the personal relationship precedes the business relationship.

AE1.0 Association decisions and actions must not be based on personal interests or relationships. Relationships, including any ownership interests with suppliers, contractors, or any groups with competing

interests with the American Podiatric Medical Association must not influence the independent and sound judgment of an individual who serves the APMA or its component associations. Any situation that is or may be a conflict of interest must be avoided. To avoid a conflict of interest one must disclose any relationship(s) that others might misinterpret. An individual who is in a position to actually or potentially influence decisions has a duty of full disclosure. If in doubt about a relationship, it should be disclosed. A conflict of interest may arise through a family relationship. When an extended family member has a relationship or ownership interest with an entity that may conflict with the APMA, it must be disclosed. Extended family member shall mean spouse, domestic partner, parents, child, brother, sister, aunt, uncle, or anyone living with the individual.

Conflicts of interest may be present when one or more of the following situations exist:

- 1.) A podiatrist with an economic interest, a material financial interest or material financial relationship with any business or in an organization that is the subject of consideration. A “material financial interest” includes a financial ownership interest of 5% or more, a financial ownership interest which contributes materially to a member’s income, or a position as proprietor, director, managing partner, or key employee. A “material financial relationship” would be present if a member or a member of his or her immediate family receives monetary compensation (including honoraria and grants) in an amount equal to or greater than \$2,000 per year or \$5,000 over three years.
- 2.) A podiatrist with a position of leadership (i.e., a director, trustee, or officer) in an organization, or an employee of an organization that is the subject of consideration.
- 3.) A podiatrist with a family member who is an owner, director, trustee, or employee of an organization that is the subject of consideration.
- 4.) A podiatrist having a business or personal relationship with an individual who is the subject of consideration.

- 5.) A podiatrist having an existing or prior relationship with an individual(s) or organization(s), which precludes the rendering of an impartial consideration.
- 6.) A podiatrist having information that was obtained under an agreement or assumption of confidentiality in an activity or relationship external to the consideration, but regarding or bearing on the subject of the consideration.
- 7.) A podiatrist serving on a board of directors of an organization with a competing or conflicting interest to the APMA.
- 8.) Gifts, favors, travel, and entertainment may rise to a level of a conflict of interest. Gifts of nominal value, given in the normal course of business are acceptable. Gifts received on a regular or continual basis, gifts of more than nominal value (\$100), or gifts of money or cash equivalents are indications of a potential conflict and must be disclosed.

Even if a conflict does not exist in fact, the appearance of a conflict to others can be damaging to the reputation of the association. Whether or not an interest is conflicting will depend on the particular circumstances of the conflict, including the nature and relative importance of the interest.